

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF:

ITEM NO.

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 267

Primary Registration District No. 3049

Registrar's No. 24

FILED FEB 13 1963

1. PLACE OF DEATH

a. COUNTY Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti

Length of stay in 1b 3Min.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shirey's Clinic

Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Pemiscot

c. CITY OR TOWN Hayti

Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) Shirey's Clinic

Reside on Farm Yes No

3. NAME OF DECEASED

(Type or print) First Middle Last

Ray Phillips Rudd

4. DATE OF DEATH

Month Day Year

February 1, 1963

5. SEX Male

6. COLOR OR RACE White

7. Married Widowed Never Married Divorced

8. DATE OF BIRTH 2/1/63

9. AGE (last birthday)

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and state or country) Hayti, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jerry P. Rudd

13b. MOTHER'S MAIDEN NAME Opal Nell Warhurst

14. NAME OF HUSBAND OR WIFE X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT Jerry P. Rudd-Box 31, Pascola, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c):

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Anoxia - Due to pneumonia

DUE TO (b) See immediate cause

DUE TO (c) Prolapsed placenta - Defective

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. Principal Occipital fracture

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-1-63 to 2-7-63 and last saw her alive on 2-3-63

Death occurred at 6:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Shirey M.D.

22b. ADDRESS Hayti, Mo.

22c. DATE SIGNED 2-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 2/2/63

23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery

23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri

24. FUNERAL DIRECTOR H.S. Smith F. Home-Caruthersville

25. DATE RECD. BY LOCAL REG. 2-9-63

26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

This body was not embalmed.
W. Deaver Pike

Licensed Embalmer No. *4484*

P. O. Address

Crothersville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.